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Bib Data Sheet

CONFIRMATION NO. 6948

SERIAL NUMBER 10/634,975	FILING DATE 08/05/2003	CLASS 381	GROUP ART UNIT 2646	ATTORNEY DOCKET NO. P03,0285
RULE				

APPLICANTS

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** CONTINUING DATA *****

NA

** FOREIGN APPLICATIONS *****

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GERMANY 102 36 940.2 08/12/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/01/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature 	Initials 	2	16	2

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TITLE

Space-saving antenna arrangement for hearing aid device

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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